

APPLICATION FOR CONSTRUCTION PERMIT DATE RECEIVED

State Form 50098 (R3/8-06) INDIANA STATE DEPARTMENT OF HEALTH / SANITARY ENGINEERING

Approved by State Board of Accounts, 2006

PROJECT NUMBER

INSTRUCTIONS: 1. Send check or money order along with plans to: Indiana State Department of Health P O Box 7236 Indianapolis, IN 46207-7236

2. Direct questions to 317/233-7177

FAX COPIES OF APPLICATIONS

				WILL NOT BE ACCEPTED	
1.	OWNER	5.		e Following Documents are Attached: HECK WHERE APPLICABLE)	
	Name		A.	Location Map	
	Address		B.	Plot Plan	
	Phone No			Legal Description of the Property Plans and Specifications certified by Architect or Engineer	
2.	OWNER'S DESIGNATED AGENT		E.	Documents Required by 410 IAC 6-10	
	Name Title Address			 (1) Report of Soil Survey Conducted by a Soil Scientist – Applicable if Soil Report Not Already Submitted 	, П
				(2) Wastewater Characteristics and	
	Phone No		F.	Flow Calculations Fees Required by 410 IAC 6-12-17	
3.	FACILITY (TYPE OF PROJECT)			(see other side)	
	Name	6.	App aut	SNATURE blication is hereby made for a Permit to horize the activities described herein. I	
	City			tify that I am familiar with the information stained in this application, and to the best	
	County Zip			my knowledge and belief such information	l
4.	ENGINEER/ARCHITECT Name		is to	rue, complete, and accurate.	
			Prir	nted Name of Person Signing	
	Address		Title	e	
			Sig	gnature of Owner or Designated Agent	
	Phone No.		Da	te of Application (month, day, year)	
	License#				

INSTRUCTIONS FOR COMPLETION OF CONSTRUCTION PERMIT

Owner

Name and address of person, company, firm, municipality, authority, etc., which proposes the construction, installation, or modification of any water pollution control facility.

2. Authorized Agent

Name, title, address, and phone number of person who is designated to act for owner and who is familiar with the project and can furnish additional information as required.

3. Name of Facility or Project

State its name, location, and nearest possible address.

4. Name of Engineer/Architect

Name, title, company, address and phone number of engineer or architect registered in the State of Indiana who certified and sealed the construction plans and specifications.

 Check the squares indicating name of documents attached to Application.
 All documents are required except where inapplicable.

- A USGS topographic map or a county highway map with the exact site indicated.
- B. Plot plan or plans to scale showing property lines, structures, roads, water wells within 300 feet of the proposed wastewater disposal facility, and topography with 2-foot contours.
- C. Detailed legal description of the property proposed for the permitted facility.
- D. Plans and specifications shall be prepared, certified and sealed by an individual qualified under applicable laws of the State of Indiana.
- E. Report of an on-site survey identifying soils at the site of the proposed absorption field including textures, and structures at each soil horizon and depth to seasonal high water table or bedrock.
- F. Fees required by 410 IAC 6-12-17

Commercial on-site \$200

Community Wastewater Disposal Facility \$700

Mobile Home Park or Mobile Home Park Addition \$300

6. Signature

An application submitted by a corporation must be signed by a principal executive officer of at least vice president level or his duly authorized representative, if such a representative is responsible for the overall operation at the facility from which the construction described in the form will originate. In the case of a partnership or a sole proprietorship, the application must be signed by a general partner or the proprietor, respectively.